

Food Business Record - Newark Market

All food traders must complete this form and return it to:

Newark and Sherwood District Council, Kelham Hall, Kelham, Newark on Trent NG23 5QX

or send by e-mail to: environmental.health@nsdc.info

Section A Food business operator name and address Please tick correct box

1.Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐

2. First Names

3.Trading Name

4.Your contact address and postcode

5. Registered address where the unit or food is kept if different to 4

6. Contact details

Telephone:

Mobile:

E-mail:

7.Day(s) standing

Section B The food

8. Kinds of food being sold

Section C Your trading unit Tick those that apply

9. Kind of stand

Market stand ☐

Purpose built vehicle ☐

Trailer ☐

Other ☐ (describe)

10.Equipment and facilities

Cold box ☐

Refrigerator ☐

Griddle/hot plate/hob/oven* ☐

These must all be adequately maintained and fit for purpose. (Cold food must be kept at no more than 5-8°C)

(*You must also have a powder or CO₂ fire extinguisher and a fire blanket)

Your trading unit continued

11. Washing facilities

Hand basin / bowl with hot running water* ☐

Sink ☐

Hot water to sink ☐

Hand drying facilities (not cloth towelling) ☐

Sanitising and cleaning chemicals ☐

*Hand gels on their own are not enough if you handle high-risk, open food

12. Power supply

Electric generator ☐

Diesel ☐

110v ☐ 240v ☐

Solid Fuel/Charcoal ☐

Bottled Gas-LPG* ☐



Copies of gas installation inspection certificates showing all appliances and the engineer's GAS safe registration number must be available to be checked on site or sent with this form.

PAT testing for all electrical equipment must be up to date and copies kept available for inspection.

Section D

Food handlers' hygiene training

14. Food safety training and instruction records Give the date(s) of the latest food hygiene training certificates.

13. Name of the person on site responsible for food safety management

Section E

Your business inspection history

15. Name and address of the Local Authority where your food business is registered

16. Your business food hygiene rating and date when was it issued

5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0 ☐

Date issued

The current rating sticker must be displayed for customers to see.

Section F Caterers Only

Please tick correct box

I am a member of The Nationwide Caterers Association Yes ☐ No ☐

My membership number is



Name of person completing this form (BLOCK CAPITALS)

Signed: _____ Date: _____

Food stands may be inspected at any time by the Council's food safety officers.

Documented food safety procedures and records of your checks must be kept at the trading unit.